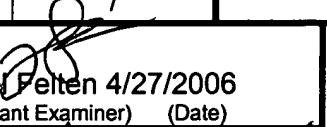
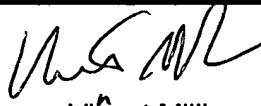


<b>Issue Classification</b> 	Application/Control No.	Applicant(s)/Patent under Reexamination
	09/677,535	BENT ET AL.
	Examiner	Art Unit
	Daniel S. Felten	3624

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
705	40	235	379 380 385 437 470
INTERNATIONAL CLASSIFICATION		705	42 45 4 35
G	0 6 F	17/60	
	/		
	/		
	/		
 Daniel S. Felten 4/27/2006 (Assistant Examiner) (Date)		 Vincent Millin (Primary Examiner)  419706 (Date)	
		Total Claims Allowed: 189 O.G. Print Claim(s) 1 O.G. Print Fig. 1	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input checked="" type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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3	3	25	33	45	63	93	
4	4	26	34	46	64	94	
5	5	35		47	65	95	
6		36		48	66	96	
7		37			67	97	
8		38			68	98	
9		39			69	99	
10		27	40		70	64	100
11		28	41		71	65	101
12		29	42		72	66	102
6	13	30	43		73	67	103
7	14	31	44		74	68	104
8	15		45		75	69	105
9	16		46		76	70	106
10	17		47		77	71	107
11	18		48		78	72	108
12	19		49		79	73	109
13	20		32	50	80	74	110
14	21		33	51	81	75	111
15	22		34	52	82	76	112
16	23		35	53	83	77	113
17	24		36	54	84	78	114
18	25		37	55	85	79	115
19	26		38	56	86	80	116
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21	28		40	58	88	82	118
22	29		41	59	89	83	119
			42	60	90	84	120

<b>Issue Classification</b> 	Application/Control No.	Applicant(s)/Patent under Reexamination
	09/677,535	BENT ET AL.
	Examiner Daniel S. Felten	Art Unit 3624

ORIGINAL				CROSS REFERENCE(S)				
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
705	40	235	379	380	385	437	470	
INTERNATIONAL CLASSIFICATION			705	42	45	4	35	
G	0	6	f	17/60				
			/					
			/					
			/					
			/					
 Daniel S. Felten 4/27/2006 (Assistant Examiner) (Date)				 Vicent Millin (Primary Examiner) 4/27/06 (Date)			Total Claims Allowed: 189	
 J. W. Hilliard 9/16/06 (Legal Instruments Examiner) (Date)							O.G. Print Claim(s) 1	O.G. Print Fig. 1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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216		246		143	276	306	
217		247		144	277	147	307
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219		249		279		148	309
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222		252		282		151	312
223		118	253	283		313	
224		119	254	284		314	
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226		123	256	286		153	316
227		124	257	287		317	
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234		131	264	294		158	324
235		132	265	295		325	
236		133	266	296		159	326
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